

TOWN of SHARON, Vermont

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BID FORM

Town of Sharon, Vermont

Selectboard@sharonvt.net

Due Date: Monday, July 30, 2018 at 3:00 PM

DESCRIPTION OF WORK: **Oversee and perform repairs to town buildings on as-needed part-time basis through June 30, 2018. Assist Selectmen's Office with procurement of major repairs or system installations.**

Unit of Bid: HOURLY RATE

Bidder Contact Information:

Printed Name _____

Business Name _____

Business Address _____

Phone _____ Cell Phone _____

Email Address _____

Website URL (if applicable) _____

Proposed Billing rate: _____

Able to respond within _____ hours to building emergencies

Able to respond within _____ days for non-emergency repairs and other work tasks.

Please summarize the skills, qualifications, and years of experience of the person or persons to be overseeing and/or performing repairs:

(over)

Describe 3 relevant projects that you or your employees have completed or overseen:

- 1. _____

- 2. _____

- 3. _____

List the name of 3 professional references, their phone numbers, and their email addresses:

- 1. _____
- 2. _____
- 3. _____

Additional Comments you wish to make:

Required Attachments to Bid Form: (if bidding as independent contractor, and not as potential part-time, employee)

- 1) Certificate of Insurance illustrating the following coverages:
 - A. Commercial General Liability Insurance including but not limited to Bodily Injury, Personal/Advertising Injury, Broad Form Property Damage, Products and Completed Operations Liability and Contractual Liability with limits of, at minimal, \$1,000,000 Combined Single Limit for each occurrence.

The Contractor must list the Named Member as Additional Insured's on their Commercial General Liability Policy.
 - B. Statutory Worker's Compensation Insurance and Employers Liability with limits of, at minimal, \$1,000,000 any one occurrence.

The Contractor must show evidence of Workers Compensation and Employers Liability Insurance Coverage.

Signature of Authorized Bidder _____ **Date** _____